



## Grove City Planning Commission

### LOT SPLIT APPLICATION

Please provide the requested information and submit to:

DEVELOPMENT DEPARTMENT  
4035 BROADWAY  
GROVE CITY, OHIO 43123  
614-277-3004

[grovecityohio.gov/development](http://grovecityohio.gov/development)

#### PROJECT / PROPERTY INFORMATION

PROJECT NAME: Lamplighter Senior Village II

PROJECT LOCATION: End of Lamplighter Drive north of White Rd  
STREET ADDRESS (OR NEAREST INTERSECTION WITH DISTANCE AND DIRECTION)

PARCEL ID NUMBER: 040-012669-00      ACREAGE AFFECTED BY THIS APPLICATION: 12.621

EXISTING ZONING: PUD - R      EXISTING LAND USE: Vacant Land / Agriculture

PROPOSED ZONING: PUD - R      PROPOSED LAND USE: 60 units of Senior Residential

#### PROPERTY OWNER INFORMATION

**Note:** Property ownership information is to reflect how the property is held in accordance with the Franklin County Auditor's Office.

Morbitzer Elizabeth T TR 1237 White Rd Grove City OH 43123

Name	Address	City, State, Zip
<u>614-875-4304</u>		
Phone	Fax	Email

#### APPLICANT INFORMATION

**Note:** The applicant is the person(s) or entity seeking approval of this application.

Lamplighter Senior Housing II, LLC

Name	Title	Company / Organization
<u>12125 Pleasant Valley Rd</u>	<u>Chillicothe</u>	<u>OH 45601-9785</u>
Address	City	State, Zip
<u>1-740-772-1396</u>	<u>1-740-772-1394</u>	<u><a href="mailto:rsiddons@frontiercommunity.com">rsiddons@frontiercommunity.com</a></u>
Phone	Fax	Email

**Note:** The authorized representative is the person(s) or entity representing the applicant. As the authorized representative you have the proper authority to speak, represent and make commitments on behalf of the applicant. The City does not take any responsibility for the lack of communication between the authorized representative, applicant and related parties.

#### AUTHORIZED REPRESENTATIVE

*Check box if same as Applicant ☐*

Name	Title	Company / Organization
<u>Todd D Valentine</u>	<u>Development Director</u>	<u>LW Associates Inc</u>
<u>184 W. Main St.</u>	<u>Ashville</u>	<u>Ohio 43103</u>
Address	City	State, Zip
<u>740-983-4566 ext. 12</u>		<u>tvalentine@lwassociates.net</u>
Phone	Fax	Email
<u>Co-developer / General Contractor</u>		

Relationship to the Applicant: (e.g. legal counsel, engineer, architect, land planner, contractor, etc.)

#### SUBMITTAL REQUIREMENTS

**Instructions:** All blanks/boxes must be completed or checked in order for the application submittal to be considered complete. The submittal shall include the required number of copies (properly folded and collated) and contain all required supplementary documentation. Submitted materials shall be accurate, measurable and shall address all required checklist items contained within the attached supplemental requirements.

Fee Calculation	Submittal Items	(check box)
Application Fee: \$ 50.00	Completed Application (signed and notarized):	<input type="checkbox"/>
	Submittal Fee:	<input type="checkbox"/>
	Ten (10) copies of plans (folded and collated):	<input type="checkbox"/>

**PROPERTY OWNER AUTHORIZATION OF APPLICANT SUBMITTAL AND SITE VISIT(S)**

I Elizabeth T. Morbitzer, the current property owner hereby authorize the applicant Lamplighter Senior Housing II, LLC to submit this application. I agree to be bound by all representations and agreements made by the applicant and/or their authorized representative.

Additionally, as the current property owner, knowing that site visits to the property may be necessary, I hereby authorize City representatives to visit and/or photograph the property described in this application.

Signature of Current Property Owner: Elizabeth T. Morbitzer Date: 1-5-16

STATE OF OHIO, COUNTY OF FRANKLIN

The above individual(s), being first duly sworn, deposes on oath and says that he/she has read the foregoing affidavit subscribed by him/her, knows the contents thereof, and that the statements therein are true.

SUBSCRIBED AND SWORN TO before me this 5<sup>th</sup> day of January, 2016.  
Leslie F. Covey  
Official Seal and Signature of Notary Public  
LESLIE F. COVEY  
Notary Public, State of Ohio  
My Commission Expires 3/13/2016

**APPLICANT'S / AUTHORIZED REPRESENTATIVE'S AFFIDAVIT**

I Todd D. Valentine, the applicant or authorized representative, have read and understand the contents of this application. The information contained in this application, attached exhibits and other information submitted is complete and in all respects true and correct, to the best of my knowledge and belief.

Signature of Applicant or Authorized Representative: Todd D. Valentine Date: 1/5/2016

STATE OF OHIO, COUNTY OF FRANKLIN

The above individual(s), being first duly sworn, deposes on oath and says that he/she has read the foregoing affidavit subscribed by him/her, knows the contents thereof, and that the statements therein are true.

SUBSCRIBED AND SWORN TO before me this 5<sup>th</sup> day of January, 2016.  
Leslie F. Covey  
Official Seal and Signature of Notary Public  
LESLIE F. COVEY  
Notary Public, State of Ohio  
My Commission Expires 3/13/2016

**FOR OFFICE USE ONLY**

DATE RECEIVED:	RECEIVED BY:	PAYMENT AMOUNT:
TENTATIVE PC MEETING DATE:	PC RECOMMENDATION:	CHECK NUMBER:
PROJECT ID NUMBER:		